

11/22/00

Please type a plus sign (+) inside this box ➡ +

PTO/SB/50 (08-00)
 Approved for use through 12/30/2000. OMB 0651-0033
 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
 to a collection of information unless it displays a valid OMB control number.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE PATENT APPLICATION TRANSMITTAL

Address to:

**Assistant Commissioner for Patents
Box Reissue
Washington, DC 20231**

Attorney Docket No.	042390.P3581R
First Named Inventor	Charles Russell
Original Patent Number	5,841,431
Original Patent Issue Date (Month/Day/Year)	11/24/1998
Express Mail Label No.	EL034435633US

APPLICATION FOR REISSUE OF:
(check applicable box)

☒ *Utility Patent* ☐ *Design Patent* ☐ *Plant Patent*

APPLICATION ELEMENTS (37 CFR 1.173)

ACCOMPANYING APPLICATION PARTS

1. ☒ Fee Transmittal Form (PTO/ SB/ 56)
(Submit an original, and a duplicate for fee processing)
2. ☐ Applicant claims small entity status. See 37 CFR 1.27.
3. ☐ Specification and Claims in double column copy of patent format (amended, if appropriate)
4. ☒ Drawing(s) (proposed amendments, if appropriate)
5. ☒ Reissue Oath / Declaration (original or copy)
(37 C.F.R. § 1.175) (PTO/SB/51 or 52)
6. Original U.S. Patent assigned?
- ☒ Yes ☐ No
- (If Yes, check applicable box(es))
- ☒ Written Consent of all Assignees (PTO/SB/53)
- ☐ 37 C.F.R. § 3.73(b) Statement (PTO/SB/96) ☐ Power of Attorney

7. ☐ Statement of status/support for all changes to the claims. See 37 CFR 1.73(c).
8. ☐ Original U.S. Patent for surrender
 - ☐ Ribbioned Original Patent Grant
 - ☐ Statement of Loss (PTO/SB/55)
9. ☐ Foreign Priority Claim (35 USC 119)
(if applicable)
10. ☐ Information Disclosure Statement (IDS)/PTO - 1449 ☐ Copies of IDS Citations
11. ☐ English Translation of Reissue Oath/Declaration
(if applicable)
12. ☒ Preliminary Amendment
13. ☒ Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
14. Other: Request for Abstract of Title.....

15. CORRESPONDENCE ADDRESS

☒ Customer Number of Bar Code Label

PATENT TRADEMARK OFFICE

(Insert Customer No. or Attach bar code label here)

or ☐ Correspondence address below

Name

Address

City

State

Zip Code

Country

Telephone

Fax

Name (Print/Type)

Donna Jo Coningsby

Registration No. (Attorney/Agent)

41,684

Signature

Donato Connosley

Date _____

11/22/00

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. **DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.**

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

042390.P3581R

Claims as Filed - Part 1

Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity Rate	Fee	Other than a Small Entity Rate	Fee
(A)	Total Claims (37 CFR 1.16(j))	(B) 11	**** =	x \$9.00 =		x \$18.00 =	0.00
(C)	Independent Claims (37 CFR 1.16(i))	(D) 4	* 4 =	x \$40.00 =		x \$80.00 =	320.00
Basic Fee (37 CFR 1.16(h))							\$355.00
Total Filing Fee						OR	\$710.00
							\$1,030.00

Claims as Amended - Part 2

	(1) Claims Remaining After Amendment		(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity Rate	Fee	Other than a Small Entity Rate	Fee
Total Claims (37 CFR 1.16(j))	*** 11	MINUS	** 20	* =	x \$9.00 =		x \$18.00 =	0.00
Independent Claims (37 CFR 1.16(i))	*** 4	MINUS	**** 3	1 =	x \$40.00 =		x \$80.00 =	18.00
Total Additional Fee						OR	\$18.00	

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account No. 02-2666 in the amount of _____.
A duplicate copy of this sheet is enclosed.☒ The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 02-2666.
A duplicate copy of this sheet is enclosed.☒ A check in the amount of 1030.00 to cover the filing / additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2039.**

November 22, 2000

Date

Signature of Applicant, Attorney or Agent of Record

Donna Jo Coningsby

Typed or printed name

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Reissue Application No.: Not Yet Assigned

Filed: Concurrently herewith

Patent No.: 5,841,431

Granted:

Patentee: Charles Russel Simmers

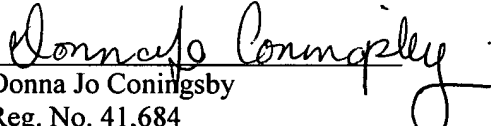
Title: APPLICATION OF SPLIT- AND DUAL- SCREEN LCD
PANEL DESIGN IN CELLULAR PHONES

**Commissioner of Patents
and Trademarks
Washington, D.C. 20231**

REQUEST FOR ABSTRACT OF TITLE

1. Please prepare a certified Abstract of Title in respect of the above identified original patent for placing in the official file of the Reissue Application which is filed herewith.
2. Title in the name of INTEL CORPORATION
was recorded on 11/15/1996, Reel 8315, Frame 0246.

Date: November 22, 2000


Donna Jo Coningsby
Reg. No. 41,684

Blakely, Sokoloff, Taylor & Zafman, LLP
12400 Wilshire Boulevard
7th Floor
Los Angeles, California 90025-1026
(503) 684-6200

042390.P3581R